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Report of the Secretary-General**

Summary

Health is at the heart of the Millennium Development Goals. It is the specific subject of three Goals and a critical precondition for progress on most of them. Coherence and partnerships among United Nations entities, national and international actors, including Governments, civil society, the private sector, philanthropy and academia is crucial to helping countries achieve their health priorities.

Progress has been made in some areas, but much remains to be done. For many countries meeting the health goals remains a daunting task, especially since improving health outcomes is linked not only to the provision of health services, but also to interventions outside the health sector.

With more resources and greater political will, health targets can be reached. However, in this time of financial and economic crisis, there is a danger that social goals like health will be neglected. If this occurs, previous gains will be jeopardized and in both high- and low-income countries, it will be the most vulnerable groups of society that will be most negatively affected.

Progress in achieving the Millennium Development Goals must be sustained, but this will require new energy and stronger commitment. The report highlights priority actions and recommendations to achieve the health Millennium Development Goals and to ensure progress in the areas of universal health coverage, health system strengthening, and aid delivery and effectiveness.

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** The report is delayed in submission to allow for extensive consultations within the United Nations system.

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I. Introduction

1. Promoting and securing health is an ethical imperative and a foundation for prosperity, stability and poverty reduction. Health is at the heart of the Millennium Development Goals and a critical precondition for progress on most of those Goals.

2. Over the past decade, progress in improving global health has been mixed. The gains in the prevention and treatment of HIV/AIDS, tuberculosis and malaria are encouraging. However, other areas like improving maternal and newborn health still need much more attention. Similarly, diseases of the poor such as neglected tropical diseases, and a growing number of health problems associated with non-communicable diseases continue to be widespread, notwithstanding the fact that for the most part they are easy to prevent and treat.

3. Across the board, inequities in health outcomes persist among and within countries. Most of the difference is attributable to the conditions in which people are born, grow, live, work and age. Underlying problems of gender inequality are a crucial part of those inequities, reflected in the great differences in the health of women and girls, who often lag behind men and boys.

4. Functioning, accessible and affordable health systems are essential to the delivery of health services, both preventive and therapeutic. The complexity and difficulty of quantifying interventions to strengthening the health system in terms of objectives and discrete actions have limited the efforts and investment in this area. Yet, health systems are a central building block for global health. Human resources are a key element of health systems that merit particular attention.

5. The Secretary-General has made global health a priority for the United Nations. He has brought together the leaders of United Nations health-related agencies and non-United Nations global health leaders from civil society, the private sector and foundations, along with researchers and academics. Together, they have looked into recent trends in global health, focused on critical priorities requiring immediate and long-term attention and explored how best to intervene to ensure the necessary progress.

6. Financial resources for health have increased dramatically in recent years, in large part channelled through the multilateral efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the work of the Global Alliance for Vaccines and Immunization, the engagement of the Gates Foundation, bilateral initiatives such as the United States President's Emergency Plan for AIDS Relief, and innovative financing mechanisms such as the international drug purchase facility, UNITAID. The dramatic expansion of funding, the surge of many players in the global health arena, as well as the high priority that the Secretary-General has given to the issue provide an important opportunity for progress.

7. At the same time, the growing number of new initiatives poses a challenge for coherence and coordination. Those initiatives have also left the global health sector fragmented and without long-term predictable financing to support the underlying health system. For that reason, greater coherence across initiatives and across sectors that contribute to improving health and the support and coordinated involvement of all areas of society are essential.

8. The current global financial crisis poses a new set of challenges to the achievement of health goals. As resources shrink, the pressure for national

Governments and international partners to cut their resource allocations to the health sector will be high. In response, a special effort will need to be made to ensure that previous commitments are not abandoned, to seek new ways of financing health expenditures, and to find smarter ways of working with limited resources. New technologies offer huge potential for doing more in a resource-constrained environment.

II. Global health today

9. In the past decade, progress in advancing global health has been uneven. Some success stories can be found in the global response to HIV/AIDS, malaria and tuberculosis. In contrast, less forward movement has been evident in the prevention, treatment and control of neglected tropical diseases and non-communicable diseases. The greatest disappointment is found in the area of maternal health, where the persistence of high mortality rates is unacceptable. The current H1N1 flu outbreak is a reminder that many diseases do not respect borders and can be addressed only through global cooperative action.

10. As a result of improvements in prevention programmes, the number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007. Also, with the expansion of antiretroviral treatment services, the number of people who die from AIDS has started to decline, from 2.2 million in 2005 to 2 million in 2007. Following almost two decades of rapid epidemic expansion, those reversals constitute significant progress. HIV prevention has been successful in reducing high-risk sexual behaviours in the general population of many countries. Programmes to prevent mother-to-child transmission have also expanded. However, other indicators are less encouraging and much more needs to be done to achieve the full impact of scaled-up prevention programmes. It is critical to ensure linkages, and integrate service delivery models, between maternal, child and sexual and reproductive health programmes and HIV services. Sufficient political commitment, resources and programmes are needed to reach stigmatized populations vulnerable to HIV infection and its impact. These include injecting drug users, men who have sex with men, and sex workers. Coverage of interventions to prevent HIV among drug injectors has remained low. Stigma and discrimination persist. The vast majority of those living with HIV are in sub-Saharan Africa. Globally, women account for 50 per cent of people living with HIV and, in sub-Saharan Africa, the proportion of women is as high as 60 per cent. By the end of 2007, less than a third of the 9.7 million people in need of AIDS treatment in developing countries were receiving the necessary drugs.

11. There has been tremendous progress in prevention of malaria so far, but much still is left to be done, particularly in treating the disease. The number of insecticide-treated mosquito nets produced worldwide jumped from 30 million in 2004 to 95 million in 2007, which has led to a rapid rise in the number of mosquito nets distributed. As a result, out of 20 sub-Saharan African countries for which there are trend data, 16 have more than tripled their coverage since around 2000. Despite this progress, use of insecticide-treated mosquito nets falls short of global targets and efforts in this regard must increase.

12. Success in eradicating tuberculosis rests on early detection of new cases and effective treatment. Between 2005 and 2006 progress in detection slowed, and the

detection rate increased only marginally. Africa, China and India collectively account for more than two thirds of undetected tuberculosis cases. The detection rate in Africa — 46 per cent in 2006 — is furthest from the target. Despite its success, Directly Observed Treatment Shortcourse has not yet had the impact on worldwide transmission and incidence needed to achieve the targets of halving the world's 1990 prevalence and death rates by 2015. To accomplish the targets, regions that lag behind will have to improve both the extent and timeliness of the diagnosis of active tuberculosis and increase the rate of successful treatment, including diagnosis and treatment of HIV-associated tuberculosis and multi-drug-resistant tuberculosis. Diagnosis and successful treatment of multi-drug resistance are of particular concern and are lagging behind globally, especially in the three countries that account for 57 per cent of global cases.

13. About 1.2 billion of the world's poorest populations continue to suffer from the crippling effects of neglected tropical diseases. These diseases are no longer found only in tropical areas. They are diseases of the world's poor, as they affect the most vulnerable globally, including the poorest in some developed countries. For the most part, these diseases are relatively easy to prevent and treat. As they are both cause and perpetuators of poverty, addressing these diseases is an important poverty reduction strategy. Some of the initiatives taken to tackle them are excellent examples of what can be achieved through public-private partnerships.

14. It will be impossible to improve global health without addressing the growing burden of health problems associated with non-communicable diseases. Chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes are by far the leading cause of mortality in the world, representing 60 per cent of all deaths; 80 per cent of those deaths are in low- and middle-income countries. Those diseases are preventable but require concerted action by all.

15. The least progress has been made in improving maternal and newborn health, with Millennium Development Goal 5 lagging behind most of the other Goals. Maternal mortality remains unacceptably high across much of the developing world. In 2005, more than half a million women died as a result of pregnancy-related complications. Of those deaths 92 per cent occurred in the developing regions, with sub-Saharan Africa and Southern Asia accounting for 86 per cent of them.

16. An important cause of pregnancy-related death is the absence of skilled health workers (doctors, nurses or midwives). In 2006, nearly 61 per cent of births in the developing world were attended by skilled health personnel, up from less than half in 1990. Coverage, however, remains too low, particularly in Southern Asia and sub-Saharan Africa — the two regions with the greatest number of maternal deaths.

17. Deaths of children under five also remain very high, despite progress in reducing child mortality in all regions except sub-Saharan Africa. Between 1990 and 2006, about 27 countries — mostly in sub-Saharan Africa — made no progress in reducing childhood deaths.

18. Maternal and newborn health are areas that lack sufficient resources, the necessary political will and high-level leadership. Greater investment in well-managed health systems, particularly primary care, will be essential if progress is to be made. Better health outcomes for mothers and newborns will be the ultimate measure of the success of investment in health systems. If a health system is available and accessible 24 hours and 7 days a week to handle normal deliveries and

emergencies, it means it is equipped to provide a wide range of other services as well. Advances on health systems and maternal health are mutually reinforcing.

19. Maternal and newborn health are also linked with education of both women and men and women's access to economic resources. In almost all regions, the net enrolment ratio in 2006 exceeded 90 per cent; many countries were close to achieving universal primary enrolment with the exception of sub-Saharan Africa, where about 38 million children of primary school age are still out of school. Some strides have also been made in promoting gender equality and empowering women, but much more needs to be done. Equal access to primary school remains elusive for girls, despite some gains. Girls' primary enrolment increased more than boys' in all developing regions between 2000 and 2006, yet girls account for 55 per cent of the out-of-school population. Overall, women occupy almost 40 per cent of all paid jobs outside agriculture, compared to 35 per cent in 1990. But, almost two thirds of women in the developing world work in vulnerable jobs and as unpaid family workers. Women are also disproportionately represented in part-time, seasonal and short-term informal jobs and therefore are deprived of job security and benefits.

III. Sustaining progress in times of crises[1]

20. The past two years have seen a dramatic sequence of global crises which have and will continue to affect efforts to improve global health: food insecurity, climate change, conflict, and most recently the economic crisis. The interplay between these dynamics is testimony to the increasing complexity and interconnectedness of the current global threats and points to the need for solutions that cross sectoral and national boundaries and engage a wide-range of stakeholders. The H1N1 flu outbreak is a direct reminder that diseases know no borders and require a collective, global response that draws on preparedness and timely information.

A. Impacts of the food crisis on health

21. The high food prices of 2008 led to an alarming increase in food insecurity around the world. Higher food prices added 115 million hungry people in 2007 and 2008 to the 130-155 million people already driven into poverty between late 2005 and early 2008, raising the total to close to 1 billion people.[2] Rising food prices threatened the limited gains in alleviating child malnutrition. By 2006, the number of children in developing countries who were underweight exceeded 140 million and that global situation will be exacerbated by higher food prices. Those trends have seriously jeopardized the achievement of Millennium Development Goal 1 on poverty and hunger, and will have an impact on the health-related Millennium Development Goals as well. While the escalation of prices in food has abated somewhat, the damage has been done and structural issues persist, affecting the poor more severely.

[1] This section is to be read in conjunction with the annual report of the Secretary-General on the work of the Organization (A/64/1), the report of the Secretary-General on the Theme of the 2009 high-level segment of the Economic and Social Council: Current global and national trends and their impact on social development, including public health, the Millennium Development Goals Report 2008 and 2009.

[2] FAO, 2008.

22. While international food prices have declined from their peaks of 2008, they remain volatile and may spike again as droughts and floods and other climate-related events affect harvests. More notably, domestic prices in most developing countries have not fallen as much as international prices. In the long term, the world is facing an important challenge of how to feed more than 9 billion people in 2050 in the face of increasing demand for food and climate change, which, among other impacts, will put further constraints on already scarce water resources.

23. Hunger and undernutrition are major threats to public health. Eating less food and less nutritious food can cause a range of negative health conditions and can have long-term consequences on vulnerable populations, in particular pregnant women, nursing mothers, infants and young children, as well as people living with HIV/AIDS and tuberculosis. It worsens people's health status and leads to chronic illnesses. Malnutrition can permanently stunt physical and cognitive growth in the first years of a child's life, and is associated with at least one third of all child deaths.

24. The High-Level Task Force on the Global Food Security Crisis, established by the Secretary-General in April 2008 and composed of the heads of the United Nations specialized agencies, funds and programmes, Bretton Woods institutions and relevant parts of the United Nations Secretariat, promotes a unified response to the challenge of achieving global food security. The Comprehensive Framework for Action outlines a twin-track approach — investing in food assistance and social safety nets for those most in need, and at the same time scaling up in investment in agriculture in developing countries, increasing opportunities for people and enabling them to feed themselves, ensure adequate nutrition and sustain an increase in income. In order to meet Millennium Development Goal 1, as well as all health Millennium Development Goals and the Millennium Development Goals as a whole, it is necessary to give continued priority to the food and nutrition security of vulnerable groups.

B. Climate change and health

25. Climate change modifies the physical and socio-economic conditions within which life occurs, thus influencing human health. A changing climate impacts on fresh water supply, agricultural productivity, frequency and distribution of disastrous weather events, as well as characteristics and occurrence of vector-borne diseases. These in turn directly and indirectly affect socio-economic conditions. The impacts can be positive or negative depending on the geographical location of human life. However, the overall effect is expected to be negative. Changes in climate are lengthening the transmission seasons of important vector-borne diseases, such as malaria and dengue fever, and altering their geographic range. That may result in devastating consequences as new, previously unexposed populations with low immunities and/or lacking strong public health infrastructures face infection. The link between increases in flooding, which climate change will intensify, and higher rates of waterborne diseases and acute diarrhoea has long been recognized. Over time, climate change is expected to exacerbate shortages of potable water worldwide, which will have a profound impact on human health.

26. In the long run, the greatest health impacts may not be from acute shocks, such as natural disasters or epidemics, but from the accumulated effects of a changing

climate on those systems that sustain health, and which are already under stress in much of the developing world. Increasing temperatures and more variable precipitation are expected to reduce crop yields in many tropical developing regions. In some African countries, yields from rain-fed agriculture could be reduced by up to 50 per cent by 2020. This is likely to aggravate the burden of undernutrition in developing countries. Extreme high air temperatures can kill directly; it has been estimated that more than 70,000 excess deaths were recorded in the extreme heat of the summer of 2003 in Europe. By the second half of this century, such extreme temperatures will be the norm. In addition, rising air temperatures will increase levels of important air pollutants, such as ground-level ozone, particularly in areas that are already polluted.

27. In order to minimize the increase of health risks, help communities cope, particularly those most vulnerable, and make progress towards achieving the Millennium Development Goals, it is an imperative that the intergovernmental negotiations on climate change under the United Nations Framework Convention on Climate Change are successful with regard to mitigation of and adaptation to climate change. This is the responsibility of Governments, which must show increasing determination to live up to that responsibility. They must dedicate more time and effort to these negotiations and work together towards "sealing the deal" in Copenhagen at the end of 2009.

C. Countries emerging from conflict and natural disaster and health

28. During times of crises inequities in health increase, requiring special efforts to meet the needs of the poorest and most vulnerable. The situation is worse for countries in, or emerging from, conflict or those that have experienced natural disasters.

29. Evidence has shown that the countries farthest from reaching the Millennium Development Goals are in, or are emerging from, conflict. The lack of progress in health in these countries is undermining global progress on the health and non-health Millennium Development Goals. Political violence and conflict generate health risks in the short run. However, it is in the longer term that the impact of the conflict on health is most devastating, especially with respect to mental health. Serious interruptions and even the collapse of health-care systems also prevent access to basic health care, despite the increased needs related to the crisis. Attempts to accelerate past achievements in the health-related Millennium Development Goals may be hampered by the loss of capacity and, in some cases, near collapse of the public health systems.

30. Frequently, conflict has a negative impact on development work in other areas linked to health and health-care delivery. For example, it is not uncommon for relief and reconstruction efforts to be hampered by a multitude of problems, ranging from communications and logistics to governance at the national and local levels. The transition from relief to development poses unique challenges for the health sector and requires the adoption of measures directed at re-establishing the regular course of economic and social life. Extra efforts to strengthen institutional capacity to pursue longer-term health development goals and discharge essential public health functions must be part of the broader recovery strategy.

31. The fact remains that in developing countries as a whole, health spending must be protected; but at the same time, employment, education, agriculture, and basic social services cannot be neglected as they are important for health and for minimizing the impact of the economic crisis on development and stability. Mechanisms to protect health and income must be a priority. Whether the crisis is global or local, a man-made or a natural disaster, the key to protecting the poor and vulnerable — who are always the hardest-hit — is a strong health system that can carry out basic public health functions and can continue to provide vital services.

D. Current financial and economic crisis and health

32. The scale and reach of the current financial crisis has left the world economy facing a rapidly deteriorating outlook. The financial crisis has led to a credit crunch and lowered asset values, constraining household spending and curtailing production and trade. Global output and trade plummeted in the final months of 2008. The world economy is forecast to contract by about 2.0 per cent in 2009. Under a more pessimistic scenario, however, world gross product is expected to decline by 3.5 per cent this year.[3] Growth in emerging and developing economies is expected to slow from 6¼ per cent in 2008 to 3¼ per cent in 2009, owing to falling export demand and financing, lower commodity prices, and much tighter external financing constraints.[4] The World Trade Organization (WTO) estimates that global exports volume will decline by approximately 9 per cent — the largest decline since the Second World War. Developed economy exports are expected to fall by some 10 per cent on average and developing country exports are expected to shrink by 2-3 per cent.

33. Amid this grim prognosis, an overriding concern of the international community is the fate of the internationally agreed development goals, including the Millennium Development Goals. Most of the efforts of the developing countries to achieve the Millennium Development Goals have benefited from the improved economic growth and relatively low inflation that characterized the first years of this millennium. With a downturn in the global economy, the gains achieved in the past decade are likely to unravel and in some instances this reversal has already begun. New estimates of the World Bank for 2009 suggest that 46 million more people will fall below the $1.25-a-day poverty line and an extra 53 million people will be forced to live on less than $2 a day compared to the estimates before the crisis unfolded.[5]

34. Under these conditions, achieving the Millennium Development Goal of halving extreme poverty and hunger in the world by 2015 will be difficult. The crisis will affect all countries with a serious and disproportionate impact on the poorest and those most isolated. Livelihoods of rural and urban poor families are already deteriorating rapidly. Government expenditures and social protection systems will be negatively impacted. Jobs are being lost in most parts of the world

[3] United Nations/Department of Economic and Social Affairs, *World Economic Situation and Prospects: update as of mid-2009* (forthcoming), updating United Nations publication, Sales No. E.09.II.C.2.

[4] International Monetary Fund, *World Economic Outlook, Update*, 28 January 2009.

[5] World Bank, "Crisis Hitting Poor Hard in Developing World", Press Release No. 2009/220/EXC, Washington, D.C., 12 February 2009.

at a quick pace, with women being disproportionately affected in the developing world where almost two thirds work in vulnerable jobs and as unpaid family workers. Women are also disproportionately represented in part-time, seasonal and short-term informal jobs and therefore are deprived of job security and benefits.

35. It is therefore imperative to counter this period of economic downturn by increasing investment in health and the social sectors and building on past successes. There are several strong reasons supporting this line of action.

(a) **First, to protect the poor.** The global economic crisis, along with food insecurity and some of the impacts of climate change, has critical implications for global public health. Reductions in health-care expenditures — that in "good" times push more than 100 million persons annually into poverty — are likely to increase dramatically. Inevitably, it is the most vulnerable who suffer the most; the poor, the marginalized, children, women, disabled persons, the elderly, and those with chronic illness.

(b) **Second, to promote economic recovery**. Investment in social sectors is investment in human capital. Healthy human capital is the foundation of economic productivity and can accelerate recovery towards economic stability.

(c) **Third, to promote social stability and security**. Equitable distribution of health care is a critical contributor to social cohesion. Social cohesion is the best protection against social unrest, nationally and internationally. Healthy, productive and stable populations are always an asset, especially in time of crisis.

(d) **Fourth, to generate efficiency**. Prepayment with pooling of resources is the most efficient way of financing health expenditure. Out-of-pocket expenditure at the point of service is the least efficient, and the most impoverishing one — already pushing millions below the poverty line each year. A commitment to universal coverage not only protects the poor, it is the most affordable and efficient way of using limited resources.

36. In this time of crisis, all Governments and political leaders must maintain their efforts to strengthen and improve the performance of their health systems, protect the health of the people of the world, and in particular of those who are most fragile.

IV. Development cooperation for health

37. In many countries, responsibility for health and social services is at the local level. However, increasingly, policies that affect the health and social service sector, e.g., financial, trade, industrial and agricultural policies, are forged at the international level. As a consequence, health determinants as well as national public policies and priorities are often influenced by international policies and developments. Various ministries, including health, agriculture, finance, trade and foreign affairs, are now cooperating to see how they can best provide input when policy decisions are taken, and weigh the costs and benefits of alternative policy options on health, the economy and the future of their people. The challenge is to ensure that policymaking is inclusive of all actors and sectors, responsive to local needs and demands, accountable, and oriented towards health equity.

Aid

38. Aid, trade and debt relief are vital for developing countries that are already burdened with straitened financial circumstances and competing needs. Total official development assistance (ODA) flows from Development Assistance Committee of the Organization for Economic Cooperation and Development countries increased to $119.8 billion in 2008 from $103.7 billion in 2007. Until 2006, an increasing share of all ODA was being devoted to health. Total bilateral commitments to health in the period 1980-1984 averaged $2.8 billion (constant 2006 dollars), or 5.3 per cent of all ODA. This increased to an average of $6.4 billion in the five years to 2006, equivalent to 7.8 per cent of all ODA, after remaining unchanged in all of the 1990s.[6]

39. In recent years, total aid for health from official and private sources has more than doubled, to about $16.7 billion in 2006, up from $6.8 billion in 2000. There are, however, disparities between the amount of aid for health received by countries — Zambia receives $20 per person for health, Chad just $1.59. The challenge now is to scale up aid to levels that will make it possible to achieve the Millennium Development Goals. For this to happen, aid needs to be used more effectively and challenges highlighted in the Paris Declaration need to be addressed.

40. Aid targeted towards the health sector has made a significant contribution to health gains achieved so far, particularly in the area of HIV/AIDS, malaria and tuberculosis. But much more needs to be done, both by donor countries and recipients. Analysis of trends over the past 10 years shows aid for health is fragmented into large numbers of small projects; more than two thirds of all commitments were for less than $500,000. Relatively little is provided directly into country budgets. This makes it harder for developing countries to influence what aid is provided for or how it is provided. Aid for health still needs to be much more aligned to country priorities and, where possible, channelled through their national health plans. At the global level, there needs to be a better match between the needs of individual countries and the support they receive from donors to address them.

41. Currently, more partnerships and diverse and innovative mechanisms of financing are devoted to the cause of health, which has led to increased money for health. Yet, such large numbers of resource channels may pose challenges for coordination and alignment with country priorities. For instance, some developing countries are becoming dependent on individual donors, and increasingly vulnerable to any changes in their behaviour. High-profile initiatives and programmes need to put more of their funding directly into health strategies and plans of countries, and focus on making these funds as long term as possible.

42. The health sector embodies all of the key challenges of making aid more effective. Its strong focus on results provides a constant reminder of the fundamental purpose of aid effectiveness efforts. Its benchmarks against which to measure success could not be more powerful: to protect people from ill health, to provide appropriate and quality health care; ultimately, to save lives.

[6] Effective Aid, Better Health: report prepared for the Accra High-level Forum on Aid Effectiveness, 2-4 September 2008, WHO, World Bank, OECD.

Trade

43. Trade remains an important engine of growth and prosperity for most developing countries. Yet, there has been little progress recently in reducing the barriers to exports from developing countries to developed countries. Moreover, with the global economic and financial crises, new risks of protectionism have emerged threatening the international trading system. Trade financing, which is critical to many developing countries, especially the least developed, has been seriously affected.

44. The WTO agreements that have implications for health include the Agreement on Trade-Related Aspects of Intellectual Property Rights; WTO Agreement on the Application of Sanitary and Phytosanitary Measures; Agreement on Technical Barriers to Trade; and the General Agreement on Trade in Services. The patent protection of medicines and other health-related products could potentially lead to high prices for medicines, thereby affecting affordability and accessibility. The Doha ministerial conference in November 2001 adopted a declaration allowing members to take measures to protect public health (a waiver providing this flexibility was agreed on 30 August 2003). The agreement has significantly contributed to improving access to affordable antiretroviral drugs. It also has implications for traditional medicine.

Debt relief

45. In 2005 ODA was boosted by the exceptional debt-relief initiatives for heavily indebted poor countries (HIPC). Donors will need to increase programmable aid (which excludes debt relief) in order to meet the 2010 aid target to increase total aid by $50 billion overall and aid to sub-Saharan Africa by $25 billion a year (in 2004 dollars). The HIPC Initiative and Multilateral Debt Relief Initiative (MDRI) have drastically decreased the debt burdens of many low-income countries. For example, debt relief under the HIPC Initiative reduced burdens of external debt service for 34 post-decision-point highly indebted poor countries. Assistance under the MDRI Initiative further reduced the external debt of 23 post-completion-point countries.[7] However, maintaining long-term debt sustainability will be difficult.

V. Challenge of inequities in health and access to health services

A. Inequities in health outcomes

46. Deep inequities in health outcomes — the unfair and avoidable differences in health status seen within and between countries — persist. For example, differences in life expectancy between the richest and poorest countries exceed 40 years. The lifetime risk of maternal death in Ireland is 1 in 47,600; in Afghanistan it is 1 in 8. Even within a given country, inequities can be great. Maternal mortality is three to four times higher among the poor compared to the rich in Indonesia. Although some of the inequities in health outcomes are due to differences in access to health services, the majority is attributable to the conditions in which people are born, grow, live, work and age. In turn, poor and unequal living conditions are largely the

[7] *Global Monitoring Report*, annex (World Bank, 2009).

result of poor social policies and programmes, unfair economic arrangements, and politics driven by narrow interests.

47. Achieving the Millennium Development Goals will address many of the social determinants of health, and will certainly improve health outcomes. However, the Millennium Development Goals indicators do not measure inequities, particularly within a country. Because national averages are used, it is possible to achieve the Millennium Development Goals while health inequities worsen, unless interventions are targeted particularly at the poor, vulnerable and marginalized. It is important to measure and understand the problem of health inequities and their determinants, and to keep track of the impact of action.

48. The role of Governments in reducing health inequities includes ensuring provision of basic services, and protecting and promoting human rights, such as entitlements to services of health care and education, and the right to a decent standard of living. Governments are responsible for legislative and regulatory frameworks that influence these factors and should monitor health status among different population groups, thus documenting the extent of the problem and the impact of action.

49. Civil society should contribute by assisting Governments in taking action in this area. Evidence shows that engagement of communities in decisions that affect their health, including health services, increases the likelihood that policies and actions will be appropriate, acceptable and effective. In addition, in some countries non-governmental organizations provide a substantial share of health services. Civil society organizations can have an impact through advocacy, monitoring and giving a voice to the most disadvantaged. Women's organizations and AIDS activists have been among the most successful of such groups. Labour organizations also have a role to play.

50. The strategy for addressing health outcomes must be comprehensive: as the WHO Commission on Social Determinants of Health concluded in its recent report, it is not possible to reduce inequities in health outcomes without improving the conditions of daily life and the inequitable distribution of power, money and resources.

B. Towards universal coverage

51. Scaling up services towards universal access is also fundamental to reducing health inequities. Universal coverage means access of all people to a full range of health services, with social health protection. Progress in increasing coverage for interventions, which could make a difference to the major health problems faced, especially by poor and more vulnerable people, is still patchy and uneven. In addition to increasing the supply of services, financial and other barriers to access have to be eliminated and people given predictable financial protection against the costs of seeking care. To attain the financial protection that has to go with universal access, countries need to move away from user fees, and generalize prepayment and pooling schemes.

52. Universal coverage carries particular significance for women. They face higher health costs than men, associated with their higher use of health care. Yet women are more likely than men to be poor, unemployed or else engaged in part-time work

or in the informal sector, without health benefits. For example, where there are user fees for maternal health services, households pay a substantial proportion of the cost of facility-based services, and the expense of complicated deliveries is often catastrophic. The removal of user fees and the provision of universal coverage for maternal health, especially for deliveries, will increase access and help to reduce maternal deaths.

VI. Strengthening systems for health

53. Without urgent improvements and long-term commitments to make health systems functioning, accessible and affordable, the health Millennium Development Goals will be difficult to achieve. The Secretary-General has identified the need to strengthen health systems as a critical area that needs concerted action across and beyond the United Nations system, and has made this a priority for his tenure. Efforts to address the human resources crisis and to protect the poor from catastrophic out-of-pocket health expenditures are particularly important.

54. Health systems provide the base for the dramatic scale-up of interventions that is needed to meet the health Millennium Development Goals. Contributions from disease-specific programmes are essential. There is a great deal to learn from the work of global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization and the United States President's Emergency Plan for AIDS Relief, among others. Their focus on a specific disease is complementary and includes efforts to ensure well-managed, adequately staffed and well-equipped health systems with the capacity for delivering prevention and care interventions. The challenge is to scale up and strengthen services for health in a coherent manner beyond these initiatives.

55. Health systems are weak in far too many countries because of decades of poor planning, poorly thought-out investment, and poorly coordinated aid. They are weak because of a long-term failure to invest in basic health infrastructures, services and staff. These weaknesses have become much more visible because of the unprecedented drive to improve health.

56. Although health systems are highly context-specific, those that function well have certain shared characteristics: (a) good health services that are available and affordable for all; (b) a well-performing health workforce; (c) equitable access to essential medical products, vaccines and technologies of assured quality; (d) dissemination of evidence-based health information; effective monitoring of performance and outcomes, accountability to service beneficiaries; and (e) leadership and effective governance. Community participation has been shown repeatedly to be critical to building a successful health system. The focus of designing health services must be on both demand and supply, and the most vulnerable need to be engaged as active participants in decision-making processes affecting their health. To that end, important lessons can be drawn from the response to AIDS and engagement of a full-fledged social movement.

57. The health workforce crisis merits particular mention. The challenges are to manage the national and international migration of health workers, to attract and motivate health workers to remain in their workplaces, and to encourage them to work effectively and productively. Health-worker international migration has been increasing worldwide over the past decades, especially from lower-income

countries, whose health systems are already very fragile. To address this situation, the World Health Assembly called for the development of a code of practice on the international recruitment of health personnel.[8] A multi-stakeholder process to articulate the content of the Code has been initiated. Actions are needed in the host country and in the home country of skilled health professionals. Predictable, sustained and increasing resource flows can help home governments to adequately equip and retain their health workforce. It is also vital to support countries in solid planning, management and deployment for competent and motivated health workers, including a considerable scale-up in education and training facilities. A comprehensive approach is needed for the recruitment, training, support and retention of all levels of health workers. Much more attention should be dedicated to support the work of community health workers, whose role is particularly critical in ensuring service delivery to the most vulnerable.

VII. Health in all policies

58. It has become clear that policies and actions outside the health sector have an enormous effect on health, either a detrimental effect (e.g., air pollution or environmental contamination) or a positive effect (e.g., education, gender equality, healthy environmental policies). Yet, ministries of health in many countries have struggled to coordinate with other sectors or to influence policies beyond the health system for which they are responsible. Decision makers should approach their policies by considering the effects on health, from educational, agricultural, fiscal, housing, transport and other policies. Where such intersectoral collaboration has been successful, the health benefits have been considerable.

59. There are problems in encouraging greater intersectoral collaboration which must be addressed. These include countering divisive activities by well-resourced lobbies, as has been the case for efforts to control tobacco, regulate waste, and limit the marketing of food to children. In addition, it is difficult to coordinate across multiple institutions and sectors. Many countries have limited capacity. Moreover, policymakers in other sectors are too often unaware of the health consequences of their policies, and of the potential benefits that could be derived from them.

VIII. Widening the circle of partnerships for health and enhancing their impact

60. Global health issues are receiving greater attention than ever before, with more players contributing to a multitude of initiatives that seek to address both specific diseases as well as health systems issues. The increase in initiatives is welcome but brings challenges for coordination and coherence. There is a growing need to work together across traditional boundaries and in new ways.

61. The Secretary-General has made explicit the need for Member States and the United Nations to involve and work with civil society, the private sector, foundations and academia. To that end, he has brought together leaders of United Nations entities, representatives from key civil society organizations, Chief Executive Officers of private sector institutions, heads of major foundations and

[8] Resolution WHA57.19.

representatives from the academic world to join forces for priority global health issues and push for concerted action.

62. One of the best examples of the potential power of partnerships is the response to HIV/AIDS, which has seen groundbreaking involvement of a wide range of groups previously excluded from policy formulation, decision-making, and even resource mobilization. In particular, the involvement of people directly affected by AIDS, in addition to community groups and non-governmental organizations, has proven to be critical to reaching out to people and addressing culturally sensitive issues that Governments initially had difficulty acknowledging.

63. Another example of the power of partnerships to transform global efforts in public health is that of malaria. The work of the Secretary-General's Special Envoy on Malaria and the efforts of the Roll Back Malaria Partnership, bringing together a wide range of partners, including malaria-endemic countries, bilateral and multilateral development partners, the private sector, non-governmental and community-based organizations, foundations, and research and academic institutions, has brought not only a formidable assembly of expertise, infrastructure and funds into the fight against the disease, but most importantly a new way to do business by engaging traditional and non-traditional players.

64. There are lessons to be learned from the partnerships forged to deal with AIDS and malaria. First, it is possible for very different groups to work together around a common cause, and one that seems complex and daunting. Second, with such partnerships, scaling up is possible. Third, it is important to involve those directly affected by the issue in developing policies and planning action. Fourth, partnerships are important at all levels — community, national and international — to address the different challenges at each level. Global health partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and the Global Alliance for Vaccines and Immunization have made major contributions to increasing the resources available and bringing new dynamics into the public health sector. The potential power of partnerships to mobilize different players to work together in new ways needs to be explored further.

Regional meetings

Five country-led regional meetings[a] were held in support of preparations towards the annual ministerial review in the Economic and Social Council in July. These meetings provided an opportunity for multi-stakeholder engagement, including — Governments, civil society, United Nations system institutions and the private sector. They also provided an opportunity to prepare the launch of new partnership initiatives at the annual ministerial review July 2009 session, in Geneva.

- A South Asia regional preparatory meeting on the theme "Financing strategies for health care" was held in Colombo from 16 to 18 March 2009, by the Government of Sri Lanka. Issues discussed at this meeting were: (a) domestic financing for healthcare; (b) external financing for health care; (c) challenges for health systems in countries in or following crisis; (d) progress and challenges in achieving the Millennium Development Goals

- An Asia Pacific regional ministerial meeting on the theme "Promoting Health Literacy" was held on 29 and 30 April 2009 in Beijing. The focus of the meeting was the following: (a) the challenges of health literacy in Asia and the Pacific; (b) promoting multisectoral actions; (c) promoting health literacy through media and empowerment; (d) building capacity to increase health literacy
- A Western Asia regional ministerial meeting was held in Doha on 10 and 11 May on the theme "Addressing non-communicable diseases and injuries: major challenges to sustainable development in the twenty-first century". The issues discussed at the meeting were: (a) the global and regional magnitude of non-communicable diseases and injuries and their impact on socio-economic development and poverty reduction strategies; (b) integrating the care of non-communicable diseases into primary care; (c) multi-stakeholder approaches to meet the challenges of non-communicable diseases and injuries; (d) new initiatives to address non-communicable diseases and injuries
- A regional ministerial meeting in Latin America and the Caribbean is scheduled to be held on 5-6 June 2009 in Kingston, Jamaica, on the progress in the reduction of the HIV/AIDS pandemic and its interconnection with regional public health and development goals. At that meeting the following key topics will be discussed: (a) the status of the HIV/AIDS epidemic in Latin America and the Caribbean; (b) lessons learned and best practices in the response to HIV/AIDS; (c) response of Governments in the region to current global and regional economic trends and the likely implications for the fight against HIV/AIDS
- An African regional ministerial meeting is to be held in Accra, in June 2009. The meeting focuses on e-health. The following topics will be examined at the meeting: (a) strengthening policies for provision of information and communications technologies for health; (b) supporting equity of access and protection for all; (c) promoting the growth of e-health capacity, tools and services.

[a] Outcomes of these meetings will be presented as a Conference Room Paper after their conclusion.

IX. Priority actions and recommendations

65. Political leadership at the highest levels can make the greatest difference in galvanizing global and national efforts to promote and protect health, reduce inequities in health outcomes and access to services, and to achieve the Millennium Development Goals. For this reason, world leaders should call for joint action on health and in particular on the following:

(1) Developing a comprehensive and integrated approach to achieving the Millennium Development Goals which:

- Strengthens efforts to improve women's health, and in particular maternal and newborn health
- Makes prevention, treatment and control of neglected tropical diseases and non-communicable diseases an integral part of the achievements of the health-related Millennium Development Goals
- Protects and sustains gains achieved in combating AIDS, tuberculosis, and malaria, including dealing with new threats such as multi-drug-resistant extensively drug-resistant tuberculosis
- Invests in infrastructure and delivery systems to expand the impact of and build synergies with vertical health programmes
- Invests in public health systems required for surveillance and responses to potential outbreaks of disease and other public health emergencies under the International Health Regulations
- Strengthens local authorities in environmental sanitation and waste management in collaboration with health authorities.

(2) Strengthening health systems through primary health care to advance the goal of universal access to health services. This would include:

- Progressively expanding access to a comprehensive package of health services (including adequate health workforce, financing, and information)
- Providing financial protection from catastrophic health costs, moving away from user fees in developing countries and promoting prepayment and pooling schemes
- Working towards finding innovative ways for recruiting, training and retaining health workers and professionals and creating a critical mass of community health workers
- Supporting an international mechanism to track movements of health-care workers, nurses and doctors and conduct studies on migration trends to be able to assist Governments in developing targeted interventions to promote brain-drain "reversals"
- Building and strengthening health information systems for identifying and understanding gaps, succe es and trends and for accountability
- Investing in information and communication technologies and health education to (a) establish direct communication networks among experts, therapists, caretakers and patients; (b) support system-wide implementation strategies for treatment and preventive practices; and (c) make populations aware of health risks and health services provided
- Supporting affordable public transportation services and access to energy to ensure accessibility and availability of health care services.

(3) Promoting health as an outcome of all policies through:

- Taking action in many areas of policy to reduce the growing burden of non-communicable diseases and other health problems such as maternal mortality, AIDS, etc.
- Mainstreaming health concerns and awareness into all sectors that ultimately affect health, e.g., the financial and trade sectors
- Establishing and pro-actively promoting intersectoral committees at the national and local levels to formulate health-related policies and guidelines
- Increasing the resilience to crises through taking action to address food shortages, climate change, conflict, etc.
- Routinely assessing the impact on health of all policies, programmes, initiatives.

(4) Promoting greater coherence through:

- Promoting new ways of working with a range of traditional and non-traditional stakeholders including civil society, the private sector and other non-State actors
- Promoting greater coordination among donors, including adherence to the Paris Declaration and Accra Agreement.

(5) Building and strengthening partnerships through:

- Finding ways to bring in new partners and build synergies
- Building productive and people-centred partnerships with the private sector in the maintenance of health-care facilities and utilization of virtual and mobile technology to provide health advice and services and raise health awareness
- Exploring operational partnerships with faith-based organizations to reach communities in disseminating information and coaching on health
- Providing a platform to connect policymakers, researchers, health promoters, educators, and parents to exchange up-to-date science and best practices for prevention, treatment and control.

(6) Sustaining and enhancing financing for health and development by:

- Allocating adequate resources despite the economic downturn to reach the poorest and most vulnerable
- Ensuring national and community ownership by harmonizing allocations of national budgets and external aid. Monitoring and evaluation should feed into nationally led planning processes
- Focusing on the implementation and monitoring of international commitments
- Making external funding more predictable and well-aligned with country national priorities and channelling resources to recipient countries in ways that strengthen national financing systems

- Promoting collective actions by all stakeholders in order to ensure higher levels of funding for meeting the challenges of global public health, including alliances for innovative funding.

X. Conclusion

66. Addressing the challenges in reaching the health Millennium Development Goals will require simultaneous action on many fronts with multiple actors. It is expected that the Economic and Social Council will bring together various organizations within the United Nations system and shape a unified approach towards bringing the benefits of good health to all. Only a well-coordinated approach will bring results. The Secretary-General's leadership in reaching out to civil society, the private sector, foundations, academia, and other sectors is an example of forging such an approach. Likewise, government leaders can be more proactive both in fostering more cross-sectoral collaboration within government and in reaching out to work more closely with civil society, academia, the private sector and others, to make greater strides towards improving the health of their populations.

67. The Economic and Social Council, through preparations for its substantive session, has helped illuminate various aspects of public health including strengthening health systems, strengthening partnerships to help achieve the health goals and promoting approaches that have a direct or indirect impact on health outcomes. They have also underscored the need for intergovernmental action on issues such as migration and education of skilled health personnel. The consideration of the recommendations in the report and the adoption of a ministerial declaration will greatly enhance efforts to promote public health. Urgent action is called for in these difficult times characterized by the coexistence of multiple crises.